SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 507 / 4489
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 stated Sammary 1 age	13 14 15 16 17
Any information copied from such Reports and Statements may not be sold or used by any person for the purp				on for the purpose of soliciting contributions
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)				
REPUBLICAN NATIONAL COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Ms. Gina R. Burrow			Date of Receipt
	Mailing Address 2372 Lamadera Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		Zip Code	Transaction ID: 46849006
	Florissant	State MO	63031	Amount of Each Receipt this Period
			30001	Amount of Each recorpt this rende
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Missouri Department Of So-	Occupation	n Specialist	
	cial Services Receipt For:		e Year-to-Date ▼	
	Primary General	Aggregate	Flear-to-Date V	1
	Other (specify) ▼		215.00	
			0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Dr. Nancy W. Burrow			Date of Receipt
	Mailing Address 100 Hillview Court			M M / D D / Y Y Y
				06 05 2007
	City	State	Zip Code	Transaction ID: 46854690
	Brandon	MS	39042	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Self-Employed	Occupation	n	
		Physiciar		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		600.00	
	Other (specify)			J
_	Full Name (Last, First, Middle Initial)			Data of Passint
C.	Mr. David H. Burrows  Mailing Address 2301 Stanley Avenue S.E.			Date of Receipt
	Maining Address 2301 Startley Avenue S.E.			06 28 2007
	City State Zip Code		Transaction ID: 46979514	
	Roanoke	VA	24014	Amount of Each Receipt this Period
	FEC ID number of contributing		300.00	
	federal political committee.		300.00	
	Name of Employer Occupation			
		Retired	· · · · ·	
	Receipt For:			
	Primary General Other (specify) ▼		400.00	
	☐ Other (specify) ♥	0 0	1 1 1 1 1 1 1	1
	IIPTOTAL of Possinto This Page (anticare)	575.00		
L	UBTOTAL of Receipts This Page (optional)			

TOTAL This Period (last page this line number only) .....